

inform you that under date of December 28, Assistant Administrator Corrington Gill writes as follows:

"Inasmuch as the basic data on this study are now available, there need be no question raised concerning a further analysis or interpretation of these data. It is the privilege of any individual to avail himself of published data and interpret them as his philosophy dictates, and Professor Dodd's request differs from this in no respect. . . . No clearance with the Works Progress Administration was necessary."

*This reply, we believe, will officially close the correspondence on this FERA [Federal Emergency Relief Act] undertaking in so far as the WPA [Federal Works Progress Administration] is concerned.\**

Very truly yours,

WILLIAM R. LAWSON,  
Administrator.

By JAMES B. SHARP,  
Coördinator of Statistical Projects.

JBS:LD

CC: Walter M. Dickie  
Corrington Gill  
Samuel May  
David M. Maynard  
Howard B. Myers  
Stuart A. Rice

**Other State Association and Component County Society News.**—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 125.

## EDITORIAL COMMENT†

### A NEW EUROPE\*\*

*Ex Oriente Lux*  
*Ex Occidente Dux*

Some years ago, a British statesman, in a speech at Johns Hopkins University, said: "Europe is dying. You can do nothing to save her. Keep clear." Was he right, or was it a mistaken prognosis? Maybe it was only an error of the sick-room. Maybe it was not death, but only a need of a change in the treatment of the case: rather would it seem that it is the civilization that is sick, and not necessarily the race. One thing is certain: Thus far, it has not proved to be a sickness unto death. Although the civilization of Europe is unquestionably threatened with dissolution, its peoples are not. They are full of vitality. It is a case where the peoples have outgrown their civilization. It is like the boy who becomes a man and has outgrown his boyish attire. To attempt to wear the old means tearing and ripping. The full grown Europe of today has simply outgrown the badly worn, youthful clothing of ten centuries ago.

\* Editor's Note.—Italics our own.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

\*\* The author of this essay is Joseph P. Widney, M.D., D.D., LL.D., founder of the Los Angeles County Medical Association, who attained his ninety-sixth birthday on December 26, 1937. (See January CALIFORNIA AND WESTERN MEDICINE, page 4.) Biographical data concerning Doctor Widney were printed in CALIFORNIA AND WESTERN MEDICINE, April and May, 1936, on pages 292 and 396.

Was that old civilization of ten centuries ago a mistake? Not necessarily so. The boy in man's attire would have been tripping himself in the larger garments of a man. The civilization which grew up after the overthrow of the older Latin type was suited to the age. It was the civilization of emperors and kings, of popes and priests; of the crude mechanical appliances; and of sparsely settled lands with food yet in abundance. It was an era of wars that never seemed to cease. Ambitious men fought for power and rule. It was preeminently the age of the strong man, and the stronghold; an age when the successive rulers were those of birth and not of brains.

All this has changed. Iron and coal have transformed Europe. It is now an overpopulated land of factories and shops and densely crowded cities. There are more people than the land can support. The one great cry of Europe now is for bread. And its rulers are no longer holding their office because of the glamor of birth and caste, but are taking the place of the degenerate royalty by right of brains and not birth. The caste of nobility is disappearing. The nobleman, now, is not the man with an inherited castle, with drawbridge and moat; but the man who does things, who brings things to pass. The old is passing. It is the time of rebuilding.

But the old does not give up peaceably; and would-be strong men, fired by ambition, foment strife. And there are not many men who, like Aristides and Edward VIII, go quietly into exile. The lust for power is strong. The ability to use it is too often weak.

What can be done to make the transition from the old to the new one of peace, and a peace that shall abide? Much of what follows I have already told in the chapter on "World Problems," in my work, "The Rebuilding of a Wrecked World Civilization."† I recount it for a purpose: to aid in the rebuilding of the wrecked civilization of Europe.

These changes must be, if the future is to hold a better fate for Europe than the past:

First: There must be a realignment of Europe upon racial rather than upon national lines. Let there be no more dynamite storehouses like Austria, with its seventeen different peoples and tongues. Let *like* seek and ally itself with *like*, racially: Engle Man of the North Seas with Engle Man; Teuton with Teuton; Latin with Latin. And the unstable Celt—like the Galatians over whom Paul lamented—mingling and losing himself in all, but furnishing the music, the artistic inspiration, the well springs of literature, to all, as his contribution in the building up of a new world humanity.

Second: There must be a line of absolute division between religion and the civil life of humanity. The monastery and the Pontiff Maximus of Rome did their work, and did it well, in the upbuilding of the Mediaeval civilization of Europe; but in the upbuilding of a new civilization they are as much out of place as the mammoth or the cave bear or

† For review of this book, see CALIFORNIA AND WESTERN MEDICINE, December 1937, on page 367.

saber-toothed tiger. *Requiescat in pace mortuorum.* The new civilization must have no religious wars. Civically, it must be neither for nor against religion. Each man, whether "infidel" or believer, must be free to settle with God for himself.

Third: No closed seas and no hostile fleets must ever separate the races from the field of their food supply. The future food supply for Europe is to come from Africa. The unused and arid lands of that continent must be equitably divided for reclamation and cultivation; and no Gibraltar-Suez line must ever intervene. The Mediterranean, in peace or in war, must cease to exist as a barrier between kitchen and storehouse. And no transverse line from Sicily to Tunis must divide East from West. The Mediterranean must be made a free highway for all races.

I have written, in the work to which reference has been made, of other problems which a rebuilt world civilization must face. These that I have now written are the problems of a rebuilt Europe. And Europe must face them or die.

3901 Marmion Way.  
August 20, 1937.

JOSEPH P. WIDNEY,  
Los Angeles.

#### HOSPITAL RADIOLOGISTS AND PATHOLOGISTS

The California Medical Association has now come out in favor of having doctors who practice radiology and pathology rent space (and equipment) of hospitals instead of having the hospital hire the doctors.<sup>1</sup> Two very enlightened men—one a radiologist, the other a hospital administrator—laid the groundwork of principle for this plan, and other enlightened men are adhering to these principles.

We are aiming to better the care of sick people. It is necessary that doctors do well enough financially so that able minds may be attracted to medicine as a career. It is necessary that hospitals make a financial success or decent hospital care will cease to be available. What magic is there in a particular type of financial arrangement between a hospital and a doctor (radiologist, pathologist) that will better the lot of both of them?

The matter would seem to rest at bottom on the professional side. The opportunity to cultivate his career for his own professional and financial advancement ought to attract as able men to hospital quarters as to downtown offices. There would be a displacement of a couple of types of laboratory specialists that one still sees often in hospitals, namely, the one not able or not experienced enough to stand on his own feet, and the one whom economic necessity forces to give first attention to his downtown office, leaving the hospital in the second place.

An able man building his own career in hospital quarters will pick up the responsibilities that go with this freedom. He will be always in the one place—his hospital office, which will encourage the

staff doctors to ask him personally about findings and proposed examinations. His work will be tied to his name, his services will be of a doctor to other doctors and their patients. Criticisms of his work will come direct to him and not to the hospital management. Doctors will tell the radiologist to send for a patient and examine her chest, instead of telling the floor nurse to "get a chest x-ray." This gives him a chance to find out what is being searched for and an opportunity to mobilize the resources of his specialty. If he can make his examinations more helpful, he will be more often called upon. If he has unique abilities, patients will be sent even from downtown to make use of them.

The hospital staff, seeing more intimately the work of pathologist and radiologist, might voice their conviction as to whether Dr. A or Dr. B is good enough to be allowed to rent space in their hospital.

The radiologist renting space will be courageous in investing in new equipment, even more than where it devolves on the hospital, for he will have not only the need to keep his department technically efficient, but also to advance himself professionally.

It is not that the pathologist and the radiologist will do perfectly when "on their own." They will make all the usual mistakes of doctors. Availing themselves of permission to collect their own bills, they will likely pile up uncollectible accounts in a way no hospital business manager would tolerate. Yet even this shortcoming, being a mark of freedom, ought to be cherished. It is still permitted, we believe, to hold for the private practice of medicine.

As pathologists and radiologists do take on this recommended rental arrangement with their hospitals, and so gain opportunity to build themselves *in a hospital* a real medical career, they will have to conduct themselves like doctors, not technicians. They will have to get their shoulders under the responsibilities of caring for sick people. They will have to look as closely at their patients as at their shadows and effluvia. They have the opportunity of teaching the well-to-do to pay well and like it—and the duty of caring for the dead-beat for nothing, and liking that (or pretending to with as good grace as may be).

Theirs will be a difficult career. They will have to satisfy their patients, who do not know what is good medicine and what is bad; and also to convince their referring physicians, who do know or ought to.

Anyhow, here is opportunity—the possibility to develop in hospitals radiologists and pathologists who are not just doers of medical chores, but who can cultivate careers in which they can really take pride.

And when they have made a success they will be able to afford to pay their hospital a rental not inferior to what the hospital nets from its rooms. Moreover, the presence in the hospital of these successful specialists will prove attractive to the staff, whose patients make the hospital's prosperity.

The report refers also to university hospitals. The obligations and opportunities of teaching and

<sup>1</sup> CALIFORNIA AND WESTERN MEDICINE, 46:419, June, 1937.